

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: SYNE-225-E		
Serial No. 08/182,183	Filing Date May 23, 1994	Examiner Allen, M.	Group Art Unit 1812			
In Re Application of: Lin, et al.						
For: GLIAL CELL LINE-DERIVED NEUROTROPHIC FACTOR						
TO THE ASSISTANT COMMISSIONER FOR PATENTS:						
<input type="checkbox"/> Applicant(s) petition(s) for the following extension of time under 37 C.F.R. 1.136(a): <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$390.00) <input checked="" type="checkbox"/> Three months of original due date <del>(\$930.00)</del> <input type="checkbox"/> Four months of original due date (\$1,470.00) <input checked="" type="checkbox"/> This response is a First Submission After Final under 37 C.F.R. §1.129, and is filed herewith. <input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input checked="" type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee
Total Claims	81 60	Minus	74 =	0	x \$22	= 0
Indep. Claims	8	Minus	15 =	0	x \$80	= 0
Total Additional Fee for this Amendment						
<p>*If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> The following fees are incurred by the accompanying papers.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> First Submission After Final Rejection Under 37 C.F.R. §1.129(a)      <b>\$770.00</b></p> <p>Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of <b>\$1700.00</b>.</p> <p style="text-align: center;">A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.</p>						
<u>Please Send Future Correspondence To:</u> U.S. Patent Operations/DRC M/S 10-1-B AMGEN INC. Amgen Center 1840 De Havilland Drive Thousand Oaks, California 91320-1789				<div style="text-align: center;"> </div> <div>             Daniel R. Curry              Attorney for Applicants              Registration No.: 32,727              Phone: (805) 447-8102              Date: December 26, 1996           </div>		

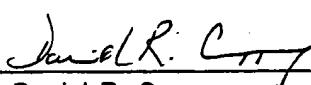
#### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the date appearing below.

December 26, 1996

Date

SYNE-225-E

<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER</b>				Attorney's Docket No: <b>SYNE-225-E</b>		
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Total Claims	61	Minus	74 =	0	x \$22	= 0
Indep. Claims	8	Minus	15 =	0	x \$80	= 0
Total Additional Fee for this Amendment:						
<p>*If the entry in column 2 is less than the entry in column 4, write "0" in column 5.          **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.          ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> The following fees are incurred by the accompanying papers.  <input checked="" type="checkbox"/> First Submission After Final Rejection Under 37 C.F.R. §1.129(a)     <b>\$770.00</b></p> <p>Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of <b>\$1700.00</b>.  <b>A duplicate copy of this petition is attached.</b></p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefore.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.</p>						
<u>Please Send Future Correspondence To:</u> U.S. Patent Operations/DRC M/S 10-1-B AMGEN INC. Amgen Center 1840 De Havilland Drive Thousand Oaks, California 91320-1789				 Daniel R. Curry Attorney for Applicants Registration No.: 32,727 Phone: (805) 447-8102 Date: December 26, 1996		

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THE PATENT OFFICE IS HEREBY REQUESTED TO ACKNOWLEDGE  
RECEIPT OF THE FOLLOWING DOCUMENTS BY DATE STAMPING AND  
RETURNING THIS POST CARD.

Serial No.: 08/182,183

Applicant: Lin et al.

Filed: May 23, 1994

Examiner: M. Allen

Art Unit: 1812

Title: GLIAL CELL LINE-DERIVED NEUROTROPHIC FACTOR

1 pg Fee Authorization/Transmittal Letter + 1 copy  
20 pgs First Submission After Final Rejection + 3 attachments



SYNE-225-E  
DRC/khh

Via First Class Mail

December 26, 1996

Amgen Inc.  
1840 DeHavilland Drive  
Thousand Oaks, CA 91320-1789

**AMGEN**

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ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON D.C. 20231